

## \* \* \* COMMUNICATION RESULT REPORT ( JUN. 13. 2007 12:57PM ) \* \* \*

FAX HEADER 1: J&J PATENT INFO SVCS  
FAX HEADER 2: 17325242808

TRANSMITTED/STORED : JUN. 13. 2007 12:56PM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
3586 MEMORY TX			USPTO	OK	1/1
REASON FOR ERROR		E-2) BUSY E-3) NO ANSWER			

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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27777 7590 03/16/2007  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jacqueline Plintinics

(Depositor's name)

Jacqueline Plintinics

(Signature)

03/15/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,806	12/03/2003	Benjamin P. James IV	IND-38DIV	4108

TITLE OF INVENTION: OPTICAL FIBER INCLUDING A DIFFUSER PORTION AND CONTINUOUS SLEEVE FOR THE TRANSMISSION OF LIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	50	\$1700	06/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLEVINS, JERRY M	2883	385-031000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Indigo Medical, Inc.

Palo Alto, CA

Reel/Frame: 011561/0738

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:  
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5. Change in Entity Status (from status indicated above)  
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Melissa J. Szarko Date 6/11/2007  
 Typed or printed name Melissa J. Szarko Registration No. 40,834

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Name/Number: 10726806

Total Records Found: 8

Start Date: Any Date

End Date: Any Date

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Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
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02/28/2007	00000064	1	1801	\$790.00	02/27/2007	DA 100750
06/06/2006	00000001	1	1251	\$120.00	05/30/2006	DA 100750
05/31/2006	00000074	1	1814	\$130.00	05/30/2006	DA 100750
01/25/2006	00000093	1	1252	\$450.00	01/24/2006	DA 100750
04/21/2005	00000003	1	1252	\$450.00	04/15/2005	DA 100750
12/05/2003	00000160	1	1001	\$770.00	12/03/2003	DA 100750

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